U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction	on Act of 1995	no persons are requ	uirea to re	spond to a collection	n of infor	mation unless it	displays a vai	Id OMB control number
Effection Fees pursuant to the Consolidate	ve on 12/08/20		19191	RI		Complete if		
			-	Application Nun	nber	10/680,972	С	onf. No.: 6063
FEE TRANSMITTAL					October 7, 20	03		
For FY 2009			First Named Inventor V		Woo Seong YOON			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name H. Shibru				
Applicant claims small entity status. See 57 GFR 1.27			Art Unit 26		2621			
TOTAL AMOUNT OF PAYM	MENT (\$)	180.00		Attorney Docke	t No.	1630-0406PU	JS1	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES SEAF Small Entity				CH FEES EXAMINAT Small Entity ST			
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	<u>Fee</u>	Small En (\$) Fee (\$)		Fees Paid (\$)
Utility	330	165	540	270	22	0 110	_	0.00
Design	220	110	100	50	140	0 70		0.00
Plant	220	110	330	165	170	0 85		0.00
Reissue	330	165	540	270	65	0 325	_	0.00
Provisional	220	110	0	0	(0 0	_	0.00
2. EXCESS CLAIM FEES Small Entity								
								ee (\$) 26
								110
								195
Total Claims				Paid (\$)		<u>Multi</u>	ple Depend	ent Claims
- 20 or HP =		_ x	-=	0.00		<u>Fee</u>	<u>(\$)</u> <u>I</u>	Fee Paid (\$)
HP = highest number of total of Indep. Claims	ciaims paid for Extra Claim		Fee	Paid (\$)			-	0.00
- 3 or HP =	0	_x	=	0.00				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
<u>Total Sheets</u> - 100 =	0	/ 50 =	0	_ (round up to a v			<u>Fee (\$)</u>	= 0.00
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								0.00
Other (e.g., late filing surcharge): Information Disclosure Statement Fee								180.00
SUBMITTED BY OM								
Signature DAVID A. BILODE Auth No. 40953 Telephone 703-205-8000 Date April 1, 2010								
Name (Print/Type) Esther H. Chong USPTO #42,325 Date April 1,							te April 1. 2	2010
Tame (1797) Edition 11 Shorts								

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.